



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
SOLID WASTE SECTION - PROGRAM DEVELOPMENT & RECYCLING UNIT  
3033 North Central Phoenix, Arizona 85012

SPECIAL WASTE MANIFEST

# 044125

GENERATOR	1. Generator's AZ ID No. EXEMPT		2. Emergency Response Notification Phone Number (800) 535-5053			
	3. Generator's Name and Mailing Address BOEING REALTY CORP. 4060 LAKEWOOD BLVD. LONG BEACH, CA. 90808 Generator's Phone Number and Area Code (310) 627-3014		SITE: 1414 DENKER ST. TORRANCE, CA.			
	4. Transporter 1 Company Name and Mailing Address BDC S.W.S 766 S. AYON AV. AZUSA, CA.		Transporter's AZ ID No. 300,745			
	5. Transporter 2 Company Name and Mailing Address		Transporter's Phone No. (800) 221-4232			
	6. Primary Receiving Facility Name and Address (physical site location, if different) COPPER MOUNTAIN LANDFILL AVENUE 35E, COUNTY 12TH ST. YUMA, AZ. 85356		Transporter's AZ ID No.			
	7. Alternate Receiving Facility Name and Address (physical site location, if different)		Transporter's Phone No.			
	8. U.S. DOT description, (if applicable)(Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste).		Mark "X" if Haz. Mat.	Containers No.	Total Quantity	Unit Wt/Vol
	NON RCRA HAZARDOUS WASTE SOLID (SOIL CONTAMINATED WITH METALS)			1	18	CY
	9. Additional information on transportation, treatment, storage, or disposal WEAR PROPER PROTECTIVE EQUIPMENT. PROFILE # 12660					
	10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.					
TRANSPORTER	Printed/Typed Name S.M. Stavale		Signature <i>[Signature]</i>		MO DAY YR 10 8 97	
	11. Transporter 1 Acknowledgement of Receipt of Materials					
	Printed/Typed Name ROGER HADFIELD		Signature <i>[Signature]</i>		MO DAY YR 10 10 97	
	12. Transporter 2 Acknowledgement of Receipt of Materials					
FACILITY	Printed/Typed Name		Signature		MO DAY YR	
	13. Discrepancy Indication Space AZ NON HAZ					
	14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.					
Printed/Typed Name SHARON ROBERSON		Signature <i>[Signature]</i>		MO DAY YR 10 09 97		